

## SIGN LANGUAGE INTERPRETER REGISTRATION

REGISTRATION	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/> First time/new registration
<input type="checkbox"/>	<input type="checkbox"/> Renew annual registration
<input type="checkbox"/>	<input type="checkbox"/> Change of information

Change of information listed on this form must be reported by submitting a new registration form to the Office of the Deaf and Hard of Hearing (ODHH) within 10 days of the change.

PERSONAL INFORMATION	
APPLICANT'S NAME	SOCIAL SECURITY NUMBER
DATE OF BIRTH (MM-DD-YYYY)	
MAILING ADDRESS CITY STATE ZIP CODE	COUNTY
FIRST TELEPHONE NUMBER (INCLUDING AREA CODE) ( ) -	Voice/TTY <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
SECOND TELEPHONE NUMBER (INCLUDING AREA CODE) ( ) -	Voice/TTY <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
THIRD TELEPHONE NUMBER (INCLUDING AREA CODE) ( ) -	Voice/TTY <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
EMAIL ADDRESS	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
EMAIL ADDRESS	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
AVAILABILITY	
I am currently employed or have a contract with the following Interpreter Referral Agency(ies) under which I will be providing interpreting services (check all that apply):	
<input type="checkbox"/> EWCDHH – Spokane	<input type="checkbox"/> Dynamic Language - Seattle <input type="checkbox"/> ASL Professionals – Tacoma
<input type="checkbox"/> NW Interpreters - Vancouver	<input type="checkbox"/> CSCDHH - Seattle <input type="checkbox"/> Signing Resources - Vancouver
<input type="checkbox"/> Universal - Bellevue	<input type="checkbox"/> SignOn - Seattle <input type="checkbox"/> Other: _____
<input type="checkbox"/> SEWSCDHH - Pasco	<input type="checkbox"/> ASL Interpreter - Seattle <input type="checkbox"/> Other: _____
I am generally available on (check all that apply):	
<input type="checkbox"/> Days; 8 a.m. – 5 p.m.; Monday - Friday	<input type="checkbox"/> 24/7; 24 hours / 7 days every week
<input type="checkbox"/> Nights; 5 a.m. – 12 a.m.; Monday - Friday	<input type="checkbox"/> Emergencies – one hour notice/confirmation
<input type="checkbox"/> Weekends; 12 a.m. Saturday – 8 a.m.; Monday	<input type="checkbox"/> Holidays
COMMUNICATION MODE	
I predominantly use the following three (3) communication mode(s) ranked first through third (1, 2, and 3):	
_____ ASL	_____ PSE
_____ SEE	_____ ORAL
_____ Tactile/Closeup	_____ Minimal Language
_____ Other (specify): _____	

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**CERTIFICATION**

I am currently certified or will be certified. Check one (1) of three (3) options below:

☐ **OPTION ONE:** New NIC certificate issued by the Registry of Interpreters for the Deaf

My new NIC certification level is: \_\_\_\_\_ and I was certified on (mm-dd-yyyy): \_\_\_\_\_

I completed the knowledge, interview and performance tests. I attached a photocopy of my RID-NIC certification with my registration form.

☐ **OPTION TWO:** Certificates issued by RID and/or NAD.

My NAD certification level is: \_\_\_\_\_ and I was certified on (mm-dd-yyyy): \_\_\_\_\_

My RID certification level is: \_\_\_\_\_ and I was certified on (mm-dd-yyyy): \_\_\_\_\_

I attached a photocopy of either/both my RID/NAD certifications with my registration form.

☐ **OPTION THREE:** I am a non-certified sign language interpreter and will be taking the NIC knowledge, interview and performance tests. I am registering as a "non-certified" interpreter. I understand I must be certified within five (5) years from date of first time/new registration with ODHHS regardless the awarding of any sign language interpreting contract at any given time. I attached three (3) reference letters from a deaf customer, a certified interpreter, and an agency with my registration form. I understand a representative of a DSHS agency cannot submit a reference letter.

**RID Certification Maintenance Program (CMP):**

My CMP cycle timeline begins on (mm-dd-yy): \_\_\_\_\_ and ends on (mm-dd-yy): \_\_\_\_\_

As of June 30, 20\_\_ I have accumulated the following continuing education units (CEUs) in:

Professional Studies category (# of CEUs): \_\_\_\_\_

General Studies category (# of CEUs): \_\_\_\_\_

**EXPERIENCE / SETTING**

I started working in the interpreting profession on (mm-yyyy): \_\_\_\_\_

I am experienced and willing to interpret in the following settings (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mental Health                          | <input type="checkbox"/> Medical                  | <input type="checkbox"/> Drug and Alcohol               |
| <input type="checkbox"/> Employment                             | <input type="checkbox"/> Business                 | <input type="checkbox"/> Rehabilitation/Vocational      |
| <input type="checkbox"/> Legal/Court                            | <input type="checkbox"/> Administrative Hearing   | <input type="checkbox"/> Minimal Language Skills        |
| <input type="checkbox"/> Platform                               | <input type="checkbox"/> Performing Arts          | <input type="checkbox"/> Deaf/Blind: Tactile or CloseUp |
| <input type="checkbox"/> K – 12 Education                       | <input type="checkbox"/> Post-Secondary Education | <input type="checkbox"/> Adult Education                |
| <input type="checkbox"/> Children and Adult Protective Services | <input type="checkbox"/> Socio-Economic Benefits  | <input type="checkbox"/> Law Enforcement                |
| <input type="checkbox"/> Foreign Language (specify): _____      |   |   |
| <input type="checkbox"/> Other (specify): _____                 |   |   |

**EDUCATION AND TRAINING**

I was \_\_\_\_\_ years old when I started signing. My background in sign language started because (check all that apply):

- ☐ Parents, family members signed to me  
☐ Deaf friend(s) signed to me  
☐ Became involved with the Deaf community then learned to sign  
☐ Took ASL/Deaf studies course(s) in high school  
☐ Took ASL/Deaf studies course(s) in college  
☐ Took ASL/sign language course(s) at: ☐ nonprofit serving deaf ☐ adult education ☐ private school

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**EDUCATION AND TRAINING (Continued)**

I have a high school diploma or GED equivalent: ☐ Yes ☐ No

My background in education and training is as follows:

1. Have you **completed** an Interpreter Training Program (ITP)? ☐ Yes ☐ No If yes, give details:

NAME OF COLLEGE	TYPE OF ITP DEGREE <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA	GRADUATION DATE (MM-YYYY)
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2. Are you **enrolled** in an Interpreter Training Program (ITP)? ☐ Yes ☐ No If yes, give details:

NAME OF COLLEGE	TYPE OF ITP DEGREE <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA	GRADUATION DATE (MM-YYYY)
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3. Do you have a college degree (other than ITP)? ☐ Yes ☐ No If yes, give details:

TYPE OF ITP DEGREE <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD	FIELD OF STUDY
TYPE OF ITP DEGREE <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD	FIELD OF STUDY

**DEMOGRAPHIC INFORMATION - OPTIONAL**

1. Are you: ☐ Hearing ☐ Hard of Hearing ☐ Deaf
2. Do you have deaf family members? ☐ None ☐ CODA ☐ Sibling of Deaf Adult  
☐ Other (specify): \_\_\_\_\_
3. Gender: ☐ Female ☐ Male
4. Ethnic: ☐ Caucasian ☐ African American ☐ Native American ☐ Asian/Pacific Islander  
☐ Hispanic ☐ Other (specify): \_\_\_\_\_

**SELF - DISCLOSURE**

In this state or any other state, have you ever:

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Had your RID or NAD membership and/or certification lapse? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Had any substantiated allegations of a code of ethics violation pertaining to interpreting/transliterating practice by any certifying body or other agency? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had you ever had an interpreter/transliterating Quality Assurance credential/state licensure denied, revoked or suspended? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Currently have any pending actions related to a denial, revocation, or suspension of any interpreter/transliterating credential / licensure? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been convicted of a crime under any laws? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Currently have any criminal charges pending against you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Found to have sexually assaulted, physically abused, or exploited a child or adult? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Found to have violated a protection order, restraining order? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Sanctioned by a disciplinary board (professional licensing board) or by agreed order had your license suspended, revoked or denied for sexual or physical abuse, neglect or exploitation of a minor or adult? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer "Yes" to any of the questions above, please attach a letter explaining the circumstances in detail. Please be sure to provide the date, the state, and information regarding the crime and/or findings.

## SIGN LANGUAGE INTERPRETER REGISTRATION

**SELF – DISCLOSURE (Continued)**

My signature on this registration form authorizes DSHS to review and/or obtain conviction records from the Washington State Patrol and other states; and to obtain from Washington and other states licensing information and any determination or finding of abuse, neglect or exploitation. I understand that the results of this background check will be kept in total confidence and may be released to or reviewed by DSHS when monitoring contract compliance. Any convictions or findings resulting after ODHH registration and approval shall be reported to ODHH within two working days. I have attached a copy of the Washington State Patrol self-background check and understand a copy has to be submitted to the awarded interpreter referral agency if I am an employee or sub-contractor.

**REGISTRATION SUBMITTAL**

I understand I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.

- ☐ I certify that the information which has been provided is true to the best of my knowledge.
- ☐ I have read/understand the current and revised RID Code of Ethics and agree to abide by it.
- ☐ I have read/understand the DSHS Code of Professional Conduct and agree to abide by it.
- ☐ I understand information will be on the DSHS website and Directory of Interpreters and that my social security number will not be published.
- ☐ I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment." A copy of the DSHS form (DSHS 03-023) or the appropriate Report of Outside Employment form is attached.

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

**REGISTRATION SUBMITTAL**

Submit completed the registration form with original signature and the following required documentation by mail to:

- DSHS/ODHH Form – Sign Language Interpreter Registration
- Copy of RID/NAD Interpreter Certification
- Copy of Washington State Patrol background check
- State employees: "Report of Outside Employment" form, DSHS 03-023
- Non-certified interpreters: three (3) reference letters from one (1) deaf consumer; one (1) certified interpreter; and one (1) agency (non-DHSH customer).

**Department of Social and Health Services**  
**Office of the Deaf and Hard of Hearing**  
**PO Box 45301**  
**Olympia, WA 98504-5301**